State of California
TRAVEL EXPENSE CLAIM
Std. 262 (Rev 10/94) Excel Version(4/01)

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1 Pages

Claimant's Name	SSN or Employee ID Number (on file)	Department
Bob Clark		Office of Real Estate Appraisers

Position	CC/ID Number	Division or Bureau	Index Number
Director	Exempt	Executive Office	

Residence Address (on file)

Headquarters Address 1102 Q Street, Suite 4100

Telephone Number (on file)

City (on file)	State	Zip Code	City Sacramento	State CA	Zip Code 95811

Month/Year May, 2009		LOCATION Where Expenses Were Incurred	Lodging	Meals		O.T./,L/T N/C, Relo. or Dinner	Inciden-tals	Transportation			Private Car Use		Business Expense	Total Expenses For Day
Date	Time			Breakfast	Lunch			Cost of Trans.	Type Used	Carfare Tolls Parking	Miles	Amount		
5/28/09	6:30 AM	Pomona & Sacramento						(Taxi)						
	5:30 PM	(Cab Fare, Airport Parking, Mileage to Airport)						37.00	PC	15.00	25	13.75		65.75
SUBTOTALS				0.00	0.00	0.00	0.00	37.00		15.00	25.00	13.75	0.00	65.75
Column Code (Acctg Use Only)														

CLAIM TOTAL   **65.75**

Purpose of Trip, Remarks and Details: (Attach receipts, vouchers when required)

5/28/09 - Real Estate Research Council of Southern California, Cal Poly Pomona - economic forecast.

Normal Work Hours
8:00 AM - 5:00 PM

Private Vehicle License Number
(on file)

Mileage Rate Claimed
0.55

AGENCY ACCOUNTING OFFICE USE ONLY

Paid by Revolving Fund Check Number

I HEREBY CERTIFY That the above is a true statement of travel expenses incurred by me in accordance with DPA rules in the service of the state of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements asprescribed by SAM Sections 0751, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

Claimant's signature	Date	Signature of Officer Approving Travel and Payment	Date
>		>	

Signature and Title of Authority for Special Expenses (see item 17 on reverse)	Date

PASSENGER'S RECEIPT ~ TAXI CAB FARE

Date _5/23/09_

Yellow Cab Co.

Amount of Fare $ _18.25_

Other Charges $ _1.75 (tip)_

Total $ _20.00_

Driver's Name _(Ontario Airport to_

Cab Number _Cal Poly Pomona)_

PASSENGER'S RECEIPT ~ TAXI CAB FARE

Date _5/28/09_

Yellow Cab Co.

Amount of Fare $ _15.50_

Other Charges $ _1.50 (tip)_

Total $ _17.00_

Driver's Name _(Cal Poly Pomona to_

Cab Number _Ontario Airport)_

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          Sacramento Int'l
               Airport


Cashier : 87    Seq # 16701
License Plate : XX NOPLATE
Ent : 06:42 05/28/09 Lane 39
Exit: 17:15 05/28/09 Lane 56

            FEE $    15.00
     AMOUNT TEND $    20.00
            CASH $    15.00
     CREDIT CARD $     0.00
           CHECK $     0.00
     CHANGE CALC $     5.00

     PAID AT CT  $   15.00
        Taxes Included

*** Start Calculation Details ***

   1 Day(s) @$15.00 = $15.00

*** End Calculation Details ***

     *** Thank You ***
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